

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EN	619.24	1/20/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	=
2	✓	✓	=
3	✓	✓	=
4	✓	✓	=
5	✓	✓	=
6	✓	✓	=
7	✓	✓	=
8	✓	✓	=
9	✓	✓	=
10	✓	✓	=
11	✓	✓	=
12	✓	✓	=
13	✓	✓	=
14	✓	✓	=
15	✓	✓	=
16	✓	✓	=
17	✓	✓	=
18	✓	✓	=
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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